

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 889540	RECEIPT DATE:	07 / 18 / 01
IA NUMBER:	PCT/ US00 / 01021	IA FILING DATE:	01 / 14 / 00
FAMILY NAME:	ANDERSON	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	STEVEN E	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	01 / 22 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	GIC-564	COUNTRY:	,
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2034590200
			FAX

NAME: BARRY R LIPSITZ  
LAW OFFICES OF BARRY R LIPSITZ  
STREET: 755 MAIN STREET BUILDING NO.8

CITY: MONROE  
STATE/COUNTRY: CT ZIP: 06468  
EMAIL:  
APPLICATION TITLES:

DETECTION OF DUPLICATE PARTICIPANTS IN A TWO -WAY MODEM ENVIROMENT

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 5344

<b>SERIAL NUMBER</b> 09/889,540	<b>FILING DATE</b> 07/18/2001 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> GIC-564	
<b>APPLICANTS</b> Steven E. Anderson, La Jolla, CA; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US00/01021 01/14/2000 WHICH CLAIMS BENEFIT OF 60/116,731 01/22/1999 <b>** FOREIGN APPLICATIONS *****</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Barry R Lipsitz Building 8 755 Main Street Monroe ,CT 06468					
<b>TITLE</b> Detection of duplicate participants in a two-way modern enviroment					
<b>FILING FEE RECEIVED</b> 780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		